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Chairwoman Gerratana, Chairman Ritter, and Committee Members:

Thank you for giving me the opportunity to voice my support of HB 6276.

My 16 year old son Bradley took his life April 9, 2012. I believe that he would have been helped if there had been more training of those involved in his care. Bradley was always smiling, making others laugh, helping kids who were a bit shy or out of place, but inside he struggled with depression and most likely was bi-polar.

Bradley experienced suicidal ideation for months prior to taking his life. He had an attempt that went unrecognized until he reported it to me. Prior to that time, his behavior had become increasing difficult, being attributed to "those teenage years". But there were red flags that something more was amiss and it was unrecognized by so many professionals who were in contact with him prior to that day. He slipped through the hands of teachers, guidance counselors, clergy, and coaches who knew Bradley very very well.

Bradley had been a good student and suddenly starting letting his grades drop and cutting classes. He was an avid swimmer who started skipping practices, losing interest and ability and turning away from long-term friends and gravitating towards others. We took him to see his pediatrician who referred Bradley to counseling with a psychiatrist who prescribed anti-depressants. He appeared to improve somewhat from the medication. He was released from therapy with follow up appointments made. He never made it back.

On a day where he clearly stated he was going to take his life, we took Bradley to the ER where he was evaluated; after several hours he was cleared and sent home. My husband and I stayed up with him the entire night in fear. His school was notified the following day and paperwork from the hospital was presented to his swim coach who was also his guidance counselor and teacher. The clergy were also notified at that time (he was attending Fairfield Prep and the clergy were intimately involved with the boys). We discussed getting Bradley involved in a program that he enjoyed and had taken part in the year before. It involved student counseling and oversight. It never happened.

Due to an ad-hoc attendance policy at the school, I requested to be notified of any school absences. Bradley was missing from school the two days prior to his suicide. The second day he was absent was a day of celebration with his swim team for the achievement of a record that had been set for the first time in decades. No one informed us of his lack of attendance. He took his life that evening. This occurred within weeks of the ER visit and the school being notified.

I believe that more training of those health care professionals that see patients who are struggling could have made a difference in Bradley's life. Whether it was the health care professionals who worked at the school, or those at the ER, or the psychiatrist – there were several adults involved in Bradley's care that were unable to help us keep him safe.

There is some good that has come of our family's tragedy. Because of Bradley's death and the awareness it raised in his friends, we have since been able to help another child. A close friend of Bradley's identified a fellow student as exhibiting signs of possible suicidal tendencies. Information was given to the school and he was taken for treatment at that time.

After my son's death, the school offered student support for one week, nothing more. I worry that there are students who were affected by Bradley's suicide that may still be struggling. There needs to be training and a formal plan put into place that will help identify those at risk.

I urge you to support this bill. Suicide is the 3rd leading cause of death in high school/college age children and the 2nd leading cause of death for ages 25-34. This is why it is critical that the legislature require the health professionals identified in HB 6276 to be trained in the assessment, treatment, and management of suicide risk. I am confident that this training will save lives. Thank you for your consideration.